

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2919NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/13/2010
NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1771 EAST FLAMINGO ROAD, SUITE 220A LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 7/12/10 through 7/13/10, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Seventeen personnel files were reviewed.</p> <p>The following deficiencies were identified:</p>	P 000			
P 068	<p>449.7476 DIRECTOR OF PROFESSIONAL SERVICES</p> <p>2. The director of professional services shall: (g) Evaluate the performance of the nursing staff. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to ensure the nursing staff received at least annual evaluations by the director of professional services for 1 of 2 certified nurse assistants. (Employee #13)</p> <p>1. Employee #13's date of hire was 2/23/09, the personnel file lacked documented evidence of an annual performance evaluation.</p> <p>Scope: 1 Severity: 2</p>	P 068			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 072	Continued From page 1	P 072			
P 072	<p>449.7477 PERSONNEL POLICIES:MANITENANCE</p> <p>A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for:</p> <p>3. Maintenance of a current record of the health of each member of the staff.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees.</p> <p>3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has no documented history of a 2-Step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-Step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p>	P 072			

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P 072	<p>Continued From page 2</p> <p>4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>Based on record review and interview, the agency failed to ensure that 10 of 17 employees met the requirements of NACA441.375. (Employee #3, #4, #5, #6, #7, #8, #10, #11, #14 and #17)</p> <p>1. Employee #3 had no second step tuberculin (TB) skin testing. Employee #4 had no second step or physical exam. Employee #5 had no second step tuberculin skin testing. Employee #6 had no proof of a positive TB skin test. Employee #7 had no second step tuberculin (TB) skin testing. Employee #8 had no second step tuberculin (TB) skin testing. Employee #10 had no second step tuberculin (TB) skin testing. Employee #11 had no physical exam. Employee #14 had no second step tuberculin (TB) skin testing and Employee #17 had no second step tuberculin (TB) skin testing.</p> <p>Scope: 2 Severity: 2</p>	P 072			

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